# Impact Assessment

Impact Assessment is a means of measuring the effectiveness of organisational activities and judging the significance of changes brought about by those activities. It is neither Art or Science, but both. Impact assessment is intimately linked to *Mission,* and, in that sense, ripples through the organisation. Being able to assess and articulate impact is a powerful means of communicating, internally and externally, the contribution of activities to the *Mission* of IFRC and NS.

Impact is seen as the positive and negative, intended or unintended long-term results produced by an IFRC operation or National Society, either directly or indirectly. Impact should be seen as the contribution of the intervention to the overall goal.

## The Problem of Impact

Impact assessment is straightforward in development projects. There is a large literature underpinning impact, a wealth of experience and accepted norms and practises. This is not the case for the humanitarian sector. The rationale for impact arises from the introduction of Results Based Management techniques and a mindset that sees impact practice in the developmental sector as transferable to the humanitarian sector. It is not. And this is the nub of the problem. Until there are agreed norms and standards across the humanitarian sector then impact assessment will remain a contentious issue. A start has been made with SPHERE.

And how should this problem be addressed? Firstly both the donor community and the humanitarian sector have to recognise the problem and agree to look at impact from a different perspective. Given the difficulty of measurement in complex and chaotic environments a more intuitive approach is needed. Impact is a function of the effectiveness, relevance and sustainability of the intervention. Evaluation for impact should be directed at looking across projects as a whole and asking, quite simply, "Did it meet real needs?" This raises the problem of verification and brings me to the second point.

The simplest way of verifying is to ask the beneficiaries. Participatory approaches must be embedded within the humanitarian sector, but done in a way that gives confidence to donors. This raises the problem of norms and standards. Humanitarian organisations could demonstrate this by showing how much of the budget is used to develop this capacity. But in the longer term a standardised approach to training with external accreditation would give

confidence to both donors and the humanitarian sector. Trained field workers will have the confidence and ability to make project changes as and when needed. Evaluation will then be able verify the efficacy of changes.

Impact assessment comes down to developing two proxies. The first is asking if the intervention met real needs and the second is accredited training in participatory techniques for field workers.

Impact assessment is concerned with making judgements about the effect on beneficiaries of humanitarian interventions. It is a function of the results chain and is an integral part of Monitoring and Evaluation and should be incorporated into the design of a Monitoring and Evaluation framework (see Module 2). In order to consider the full extent of impact, questions have to be raised internally and externally.

## Internally

1. Assess the relevance of strategies – are current strategies contributing to the overall goal?
2. Evaluate the effectiveness of organizational structures and management systems – are there areas where structures impede the realisation of the overall goal?
3. Evaluate communications – are messages effectively communicated throughout the organisation, is information being fed to appropriate places at the right times, is everyone aware and informed, is the need to ensure significant and positive impacts embedded within the culture of the organisation, are we doing all that we can to ensure that we are effective?

## Externally

1.    Show donors the impact of their contributions – make the link between donation and changes in the lives of beneficiaries.

2.    Show the wider public the effectiveness, relevance and efficiency of operations – impact can generate wider support.

3.    Demonstrate to potential funders the focus of the organisation – that is on realising change as opposed to a focus on process.

4.    Increase advocacy – be an effective voice for the vulnerable in ensuring that their "voices" are heard.

5.    Embrace transparency – to show an effective and well functioning organisation, able to mobilize support and realize the overall goal

6.    Open up to scrutiny – for independent verification

## When should Impact Assessment take place?

Impact is a measure of the changes made and impact assessment seeks to establish a causal connection between inputs and changes in terms of magnitude or scale or both. The Logframe (see Module 1) provides the starting pointing for integrating impact assessment with Monitoring and Evaluation. Impact assessment should be seen as the contribution of the Outputs and Outcomes to Purpose and Overall Goal. Impact is not usually incorporated into the Logframe, Table 1 illustrates where it can be placed within the structure of the Logframe.

**Table 1: Placement of Impact within the Logframe**

| Logframe Hierarchy | Performance Indicators | Means of Verification | Assumptions and Risks |
|---|---|---|---|
| **Goal** | | | |
| **Purpose** | | | |
| **Impacts** – assessment of changes made by intervention(s) | Impact Indicators – the changes (positive, negative, intended, unintended) made by intervention(s) | Quantitative and qualitative techniques | |
| **Outcomes** | | | |
| **Outputs** | Process Indicators | | |
| **Activities** | Inputs | Costs | |

## Planning for Impact Assessment for Field Operations

The approach to impact assessment is very similar to the planning that is required to establish a monitoring system – see Module 2.4. The main difference is in the type of information and data that is needed to be able to assess impact. This can be summarised in the Logframe structure. Table 2 (building on table 2.4 in 2.4.2.1 – "what monitoring data are required?") shows the relationship between the Logframe and impact questions:-

**Table 2: Logframe and Impact Questions**

| Logframe Level | Monitoring Questions |
|---|---|
| Impacts | To what extent has the intervention contributed to positive changes in the lives of beneficiaries?<br>Have there been any unintended or negative changes that can be attributed to the intervention?<br>Can beneficiaries identify the changes made by the intervention?<br>Are there any trends (morbidity and mortality rates) that the intervention has influenced? |
| Outcomes | What are the beneficiaries' (men, women and children) access to, use of, and satisfaction with the goods and services delivered?<br>Are women and other vulnerable groups benefiting to the extent foreseen?<br>Is the operation track towards achieving its Purpose? |
| Outputs | |
| Activities | Inputs |

## Data Collection

For an introduction to Data Collection see Module 8.

These areas raise issues of resources, capacity, proficiency and budget that need to be addressed as part of a data collection strategy for assessing impact.

The commitment of IFRC and NS to being "effective and well run" recognises that capacity and proficiency issues need to be addressed as part of organisational development. Resource requirements, personnel and equipment are an integral part of the Planning Function of IFRC and NS. Requirements will vary depending upon the type of intervention. For example, for an Emergency Feeding intervention, baseline data on the nutritional status (weight to height ratio, Anthropometric data) will need to be established at the earliest opportunity.

There are a number of areas in data collection that need consideration in terms of Impact Assessment, table 3 sets out these issues.

**Table 3: Data Collection Considerations**

| Consideration | Issues to Consider |
|---|---|
| Who | Does IFRC and NS have direct responsibility for monitoring? See 2.4.3<br>Is sufficient capacity available?<br>Are appropriately skilled personnel available?<br>Who will be responsible for managing data collection?<br>Who will report on effectiveness of data collection and to whom?<br>In the case of multiple actor interventions who will arbitrate attribution? |
| What | What data is needed for impact assessment?<br>What are the resource implications?<br>Can data be gathered in a systematic and reliable manner?<br>Should all beneficiaries be monitored or is a sample sufficient? See 8.2.4<br>Scale – is the intervention operating at several different points; can one point act as a proxy? |
| When | Can a baseline be established prior to the intervention? See module 7<br>How often (frequency) should data be collected during the intervention?<br>How long after the intervention should data be collected? |
| How | What techniques (qualitative or quantitative) need to be used for data collection during the intervention?<br>What techniques can be used after the intervention? |

## What Indicators?

Checking the design of the system is the first step in ensuring that impact assessment is built into the framework. The Logframe and associated products is the starting point – see Module 2 section 2.2.

Objectives should be assessed for compliance with IFRC and NS policies but should also be expressed in ways that reflect the linkage between activities, outputs, outcomes and impact. This means ensuring that the language reflects the aim of affecting positive and lasting change in the lives of beneficiaries.

A clear distinction must be made between those indicators that are used to monitor activities and outputs and those that are used for outcomes and impact – see Module 2 section 2.2.3.

The choice of indicators for Impact Assessment must be made carefully and should be agreed by IFRC and NS. Too many indicators can be confusing and "fuzzy" indicators can be meaningless.   Table 4 illustrates the areas where indicators can be developed.

**Table 4:  Process and Impact Indicators**

| Implementation of the programme | | | Effect of the programme | |
|---|---|---|---|---|
| Input indicator | Process indicator | Output Indicator | Outcome Indicator | Impact Indicator |
| Number of Vaccines administered | Number of People Trained | Percentage Vaccinated | Measles cases decreases | Mortality decreases |
| Quantity of Food Aid delivered | Rations prepared, distribution system established | Number of people aid distributed to | Nutrition levels rise | Morbidity and mortality decrease, Nutrition levels improve |
| Delivery of materials for the Provision of Shelter | Construction activities | Number of Shelters constructed | Number of people provided with shelter | Improvement in well-being and feeling of security. |

## Key Emergency Indicators

The selection of indicators that can be used to assess impact can be problematic and care must be exercised. This is particularly the case in emergency situations. The examples shown in the last column of Table 4 indicate areas where impact can be assessed. However there are problems with some of these:-

1.      Measuring changes in mortality and morbidity in rapidly changing and complex environments may not be possible,

2.      Trying to track changes in nutrition levels after a rapid onset emergency may not be possible because of dispersal,

3.      Assessing improvements in well-being and security in rapidly changing contexts may simply be "unmonitorable."

In the absence of agreed indicators for impact assessment, an approach that can be used is based on using international standards such as SPHERE and UNHCR as benchmarks against which to measure change in emergency situations. Table 5 shows Key Emergency Indicators produced by UNHCR.

**Table 5:        Key Emergency Indicators**

| | | |
|---|---|---|
| **Crude Mortality Rate (CMR)** | Normal rate among a settled population<br>Emergency program under control<br>Emergency program in serious trouble<br>Emergency: out of control<br>Major catastrophe | 0.3 to 0.5/10,000/day<br><1/10,000/day<br>>1/10,000/day<br>>2/10,000/day<br>>5/10,000/day |
| **Mortality rate among children under 5 years old**<br><br>**(U5MR)** | Normal rate among a settled population<br>Emergency program under control<br>Emergency program in serious trouble<br>Emergency: out of control | 1.0/10,000/day<br><2.0/10,000/day<br>>2.0/10,000/day<br>>4.0/10,000/day |
| **Clean water** | Minimum survival allocation<br>Minimum maintenance allocation | 7 liters/person/day<br>15-20 liters/person/day |
| **Food** | Minimum food energy requirement for a population totally dependant on food aid: | 2,100 kcal/person/day |
| **Nutrition** | Emergency level:<br> or | >15% of the population under five years old below 80% weight for height<br> >10% of the population under five years old below 80% weight for height together with aggravating factors e.g. epidemic of measles, crude mortality rate > 1/10,000/day |
| **Measles** | Any reported cases. 10% or more unimmunized in the 6 months to 5 years age group | |
| **Respiratory infections** | Any pattern of severe cases | |
| **Diarrhoea** | Any pattern of severe cases | |
| **Appropriate shelter** | Protection from wind, rain, freezing temperatures, and direct sunlight are minimum requirements<br>Minimum shelter area<br>Minimum total site area | <br><br>3.5 sq. m/person<br>30.0 sq. m/person |
| **Sanitation** | Lack of organized excreta and waste disposal. Less than 1 latrine cubicle per 100 persons | |

## Public Health Emergency: Major Killers

Refugees and internally displaced people typically experience high mortality immediately after being displaced; the most common causes of death are diarrhoeal diseases (including cholera and dysentery), measles, acute respiratory infections, and malaria, often exacerbated by malnutrition. A significant increase of incidence of these conditions should prompt an immediate response (or the reporting of just one case of measles).

Conditions that are common in the affected area are often exacerbated. Displaced people may introduce novel infections into a host community or may become susceptible to conditions present within the area to which they have fled. Lack of resistance to infection, immaturity of the immune system in very young children, and immunosuppression associated with malnutrition make children especially vulnerable. Pregnant women are also especially vulnerable to a variety of diseases.

## Rehabilitation Indicators

The transition from emergency intervention to rehabilitation is not always clear. There are two states to consider:-

- Rehabilitation in the aftermath of natural calamities such as a flood or storm.
- Rehabilitation in the aftermath of a complex emergency.

In the first instance this usually entails physical damage limited by area or degree and temporary disruption of livelihoods. The emphasis in this instance is on how to rebuild what was destroyed as opposed to what to rebuild. This recognises that there are identifiable communities to rebuild, recognised political authorities that are receiving aid and a legal system in place.

In a post-war era the situation can be very different with social, political and economic institutions eroded by prolonged conflict. Rehabilitation in this sense should be focused on avoiding the recreation of structures and institutions that led to the original conflict. The rehabilitation of legitimate government and the ability to deliver basic services, including user-friendly law and order will be crucial.

Though humanitarian interventions are context specific there are a number of common areas or dimensions of change that can be seen as significant. These include changes in:-

- income, expenditure, and assets, including access to land and credit;
- health, education, literacy, and other skills and knowledge;
- infrastructure including particularly access to water and sanitation facilities;
- food security and production;
- social relations, social capital, unity, and changed community norms;

- women's ownership and control of assets; mobility; access to income-generation activities; childcare; freedom to express their views; power in household decision making; household division of labour; and ability to control violence;
- peace and security, law and order, declining levels of sexual violence, human rights abuses, and destruction of lives and property;
- ability to cope with crises (resilience);
- self-confidence, self-esteem, independence, potential, and capacity to make claims and demands;
- overall quality of life.

This means that it may be possible to identify those areas of change that people prioritise as being important and develop indicators to measure those changes.

## Evaluation of Impact

In any evaluation the key questions in terms of impact are:-

1.  What changes did the operation bring about?
2.  Were changes positive or negative?
3.  Were there any unplanned or unintended changes?

Evaluation can occur at different points during an operation as well after an operation – see module I section 1.3.5. In addition there are a hierarchy of evaluations – see table 6.

**Table 6:     A Hierarchy of Evaluations**

| Type of Evaluation | Scope |
|---|---|
| **System-Wide** | Evaluation of the response by the whole system to a particular disaster event or complex emergency |
| **Partial** | Evaluation of a part of the system such as a thematic or sectoral study |
| **Single Agency Response** | Evaluation of the overall response to a particular disaster event or complex emergency by a particular agency (funding agency, channelling agency, implementing agency) |
| **Single Agency, Single Project** | Evaluation of a single project undertaken by a single agency |

The evidence need for the evaluation is derived from the monitoring records, periodic management reviews and field studies – see module 6. The key issues in terms of impact are set out in table 6.4 under the section titled "Outcome/Impact and sustainability/connectedness." There is no correct method for assessing impact. The important point is that use of a number of methods will enable triangulation.

Methods for assessing and analysing impact involve participatory approaches that seek to understand the opinions of different interest groups particularly by bringing in the perspective of those whose voices are normally excluded. Three different approaches to assessing impact can be identified. These should not be seen as mutually exclusive but as having the potential to be used as a combination of approaches to assessing impact

1. The first is mainly "project-out" and involves clarifying and specifying project objectives and indicators and then assessing the degree to which they have been met. This involves a careful hierarchisation of outputs, outcomes, and impacts with a limited number of indicators being verified at each level of the 'impact chain'.

2. The second looks more broadly at the potential changes that may have occurred. Typically, this involves asking different stakeholders to identify the most important changes brought about by a given project, and how they happened – this can be characterized as a most significant change approach that may have potential in emergency situations.

3. The third is more "context-in" approach looking first and foremost at overall changes in people's lives and then seeking to explore with them the importance of those changes and the sources of change, including the project in question.

The following illustrates how impact assessment is integrated into evaluation of emergency and rehabilitation interventions.

## Planning for the Assessment of Impact

Planning can help to facilitate the measurement of impact of a particular intervention. This is based on the rationale that the impact and effectiveness of, for example, feeding programmes, can only be measured in relation to stated objectives and delivery goals (process indicators). This implies that some level of pre-planning has been undertaken. Pre-planning is an important prerequisite to establishing the preparedness of IFRC and NS to respond to an emergency. Preparedness means having clear objectives and delivery goals based on the Vulnerability and Capacity Assessments developed by NS and agreed as part of the Cooperation Agreement Strategies (CAS). Preparedness is important in that it means:-

1. A level of pre-planning that will have in place a preliminary Logframe

2.        Knowledge of resources and capacity available to respond

3.        A clear operational sense of what is expected

No matter how much pre-planning is undertaken, it is unrealistic to expect that every eventuality will be anticipated and therefore flexibility will be needed and changes to the preliminary Logframe are to be expected as the situation unfolds. See Module 5.7 on Asking Questions about the Planning of Humanitarian Assistance.

## Questioning Approach to Assessing Impact

The following covers the range of issues that can be addressed during the evaluation and how information gathered can be used to assess impact. The first part deals with organisational issues. The second part covers emergency situations and the third rehabilitation. The list is not exhaustive but intended to provide a framework that can be tailored or expanded to suit circumstances.

## Part 1:     Institutional Context

The purpose of this approach is to establish the functioning of the organisation. Though a "well functioning" organisation is no guarantee that significant and positive changes in peoples lives will be achieved, the more dysfunctional an organisation is, then the less likely it is to achieve its goal.

- How effective was the response from IFRC in terms of speed and appropriateness?
- How prepared was NS to respond in terms of capacity, resources, intelligence, communications and logistics?
- What constraints were encountered in terms of preparedness and how were these overcome?
- What level of pre-planning had been undertaken and how useful was this?
- What evidence is available (reports, e-mails, call-logs, inventories, personnel records) to support any claims?

## Part 2:     Emergencies

The following sections deal with different aspects of an intervention.

*Beneficiaries*

Questions of this kind are intended to establish how quickly NS was able to assess the scale of the problem. Comprehensive and timely assessments are a feature of a well functioning organisation.

- What was known of the demographic make-up of the target population in terms of age, gender and ethnicity?
- What was known about the locational (were they scattered?), nutritional and health status?
- Were there any security concerns, were lives and livelihoods in danger?
- What was known of the beneficiaries' attitudes towards external assistance?
- Were any local solutions possible?

*Encampment*

Questions such as these will establish the capacity to function at the site level and demonstrate understanding of minimum requirements and the ability to plan to meet those. It also demonstrates a clear understanding of the wider issues and the need to establish on-going access and security.

- What baseline studies were undertaken prior to the establishment of the encampment? Are there photographic, video or written reports of the site area itself and its surrounding environs that can be used as evidence?
- Humanitarian Space - were agreements for access, egress for goods and personnel established? Were agreements for personnel safety established?
- Was the state of infrastructure established and seasonal factors taken into account?
- Did the encampment meet minimum UNHCR and SPHERE standards in terms of space, shelter, sanitation and access to clean water?
- Was a sacred space made available for burial?
- Were security issues taken into account?

**Health and Nutrition**

Questions such as these can establish the effectiveness of planning as well as the effectiveness of the operation in the field. Data collected can used for assessment of impact.

- What techniques were used to establish the health and nutritional status?
- Are records available of the initial assessments?
- What feeding programmes were established?
- Was a monitoring programme implemented to assess impact of the feeding programmes on nutritional status? What records are available?
- What health problems were encountered and how were these addressed? What records are available?

*Family and Kinship*

Questions such as these establish the effectiveness of screening IDPs and the procedures in place for ensuring that family and kinship were able to be re-established. This is particularly important, especially in complex environments, in starting the process of rehabilitation and a return to normal.

- What was done to re-establish family and kinship groups?
- Were adjustments made to accommodate family and kinship groups?
- What arrangements were made for single individuals, particularly children?
- What procedures were put in place to gather information on the background of IDPs - place of origin, means of livelihood, family and kinship ties to individuals and groups not in the encampment?

## Part 3:      Rehabilitation

Rehabilitation has its focus on recovery, for example, after an extreme weather event, where physical damage has occurred to households and livelihoods. The dividing line between the emergency response phase to disasters and the rehabilitation phase of the disaster management cycle can often be blurred and in some cases both activities can occur alongside each other.

Planning for rehabilitation following a disaster recognises that there are a number of activities that should be on-going, for example:-

- NS assessment of the likely kinds of disasters
- NS Vulnerability and Capacity Assessments - will indicate which communities are the most vulnerable to natural hazards
- Feedback from HQ on appropriateness of plans - measure of effectiveness

This process will enable capacity to be planned for. Stakeholders should also be involved - in disaster prone areas there will be considerable knowledge of the types of services/support/activities/resources needed for rehabilitation. The areas and dimensions of change outlined in section (Rehabilitation Indicators) can be used as a basis for developing key indicators for assessing impact

*Emergency Response*

The purpose of these questions is to establish how effectively IFRC and NS had been able to co-ordinate planning and establish the co-ordination systems between RDTs and NS - measures of a well functioning organisation. This also tries to establish the usefulness of any assessments and can give a measure of the effectiveness and appropriateness of the response.

- How effective was the RDT assessments (lives lost, physical damage in terms of severity and scale, livelihood damage, etc) and were they timely?
- How useful was the RDT assessments?
- In what did these assessments impact the roll-out of the operation?
- Was the situation on the ground as expected?

*Rehabilitation*

The purpose of these questions is to establish the effectiveness of the assessment on-the ground and the ability to co-ordinate a variety of actors and prioritise the actions needed to meet needs. This is a measure of effectiveness and capacity.

- Were any difficulties encountered in rolling out the Operational Plan? How were difficulties resolved?
- How quickly was contact established with local officials, community leaders, faith leaders, medical services and other support groups?
- How quickly was a baseline of damage established (housing, public and private buildings, infrastructure (particularly water and sanitation), places of worship and

celebration, livelihoods including crops, livestock, facilities and equipment and communications systems.

- How quickly was the condition, both in terms of physical and mental health, of the affected communities established?
- What monitoring programmes were established for health, trauma, and nutrition?
- What areas of concern were prioritised and on what basis?

*Beneficiaries*

Beneficiaries are the principal focus of IFRC and NS. Their views can provide a rich source of information for use in assessing impact. See section 2.2.3.1 on Beneficiary Contact Monitoring (BCM). But it is important that the appropriate capacity is available within the Monitoring and Evaluation team - see section 2.3.

## Assessing Impact

There is no single method for this assessing impact. Quantitative and qualitative data should be evaluated against a number of fields. The sources for this data will be several and therefore allow for triangulation. In assessing the data judgements then can be made against each field and an overall assessment will give an indication of impact. This is a case of identifying what actually happened and comparing that with what was supposed to happen.

Assessing impact is making judgements how well the intervention fitted both with Mission and with needs and how well it was conducted. Interventions can have unintended effects, for example, on local markets, on the environment (loss of tree coverage to make up fuel-wood needs) that can be positive or negative. Negative effects are easy to demonstrate, positive effects however, require the existence good baseline data and strong evidence of a positive evaluation.

Assessing the overall impact requires judgement both of the intervention itself and an assessment of its longer-term consequences. One way of doing this is to ask what may have happened if the intervention had not occurred?

## Emergency Management Cycle

The management of all emergency or disaster situations should be viewed as part of a cycle. The cycle comprises the following:-

Planning – preparing for events

Response – responding to events

Learning from events

Feeding back into the planning system

Emergency management is a cyclical and ongoing process with the organisation learning from experience and improving procedures. An agile and proactive organisation committed to improvement will always be seen as striving to meet its core aims. Table 7 shows a number of key impact indicators that can be used to assess the overall impact of IFRC and NS. The overall approach is to reflect on preparedness and reflect the core aims and values of IFRC and NS. These can be used as Proxies. Table 7 includes input from IFRC and NS staff.

**Table 7:      Organisational Impact Indicators**

| External | What would this kind of indicator demonstrate? |
|---|---|
| Externally audited accounts and Financial Statement | Transparency, accountability, advocacy - measure of the efficiency of the organisation in both attracting finds and using them effectively. |
| Satisfaction Survey of NS on support from Federation | Aggregate indicator of satisfaction of the quality, quantity, speed and effectiveness of services - measure of a well-functioning organisation. |
| Capacity Building | Aggregate measure of the organisational commitment to developing and enhancing capability - measure of a learning organisation. |
| **Internal** | |
| NS feedback on usefulness of international support | The efficiency, effectiveness and relevance of support. A measure of a well functioning organisation. |
| Effectiveness of Planning | A measure of usefulness, appropriateness and responsiveness of planning – a feature of listening, learning and adaptable organisation |
| Capacity Developed | A measure of the quantity and quality of training – a measure of a learning organisation |

## Key Points

Assessment of impact is a measure of relevance to Mission

It is a powerful tool for communications

It is not easy – there are no standardised methods

Openness, honesty and transparency are essential

The focus is the beneficiary and flexibility in meeting those needs is essential.